

(ISSUE SLIP STAPLE AREA (for additional cross references))

| POSITION                  | INITIALS  | ID NO.     | DATE           |
|---------------------------|-----------|------------|----------------|
| FEE DETERMINATION         |           |            |                |
| O.I.P.E. CLASSIFIER       | <i>LS</i> | <i>32</i>  | <i>2/1</i>     |
| FORMALITY REVIEW          | <i>SK</i> | <i>805</i> | <i>2/20/01</i> |
| RESPONSE FORMALITY REVIEW |           |            |                |

09/752844

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### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
(Through numeral)... Canceled      A ..... Appeal  
- ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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